

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							10/542957	
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1					
2				1				
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TOTAL IND.		↓	2	↓		↓		
TOTAL DEP.	←		9	←		←		
TOTAL CLAIMS			11					

  

CLAIMS								
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
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100								
TOTAL IND.		↓			↓			
TOTAL DEP.	←			←		←		
TOTAL CLAIMS								